

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH *Nov 9 1937*
 County *Greene* Registration District No. *324*
 Township *First Johnson* Primary Registration District No. *5449*
 City *Brighton* (No. _____) St. _____ Ward _____

2. FULL NAME *Ruby M. Miller*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. *41007*
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Tracy H. Miller*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 9, 1881*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>55</i>	<i>0</i>	<i>9</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Keeper*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

FATHER

13. NAME *De Witt Cole*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

MOTHER

15. MAIDEN NAME *Sarah Collington*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

17. INFORMANT *J. H. Miller*
 (ADDRESS) *Brighton, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Springfield, Mo.* DATE *Nov 23, 37*

19. UNDERTAKER (ADDRESS) *W. B. Albright, Pleasant Hope, Mo.*

20. FILED *11-19-37* 19*37* *Mrs. Ruby Freeman*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 19, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *May 1936*, to *Nov. 19, 1936*
 I last saw her alive on *Nov. 18, 1936* Death is said to have occurred on the date stated above, at *1 p.m.*
 The principal cause of death and related causes of importance were as follows:
*paralysis of right side
 blood clot in left brain*

Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) *W. B. Albright*, M. D.
 (Address) *Pleasant Hope, Mo.*

MAR 30 1944